



Notice of Entry of Appearance
as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 03/31/2018

Part 1. Information About Attorney or
Accredited Representative

1. USCIS ELIS Account Number (if any)

►

Name and Address of Attorney or Accredited
Representative

2.a. Family Name (Last Name) BHATNAGAR

2.b. Given Name (First Name) NIKHIL

2.c. Middle Name

3.a. Street Number and Name 210 Capitol St

3.b. Apt. ☐ Ste. ☒ Flr. ☐ 6

3.c. City or Town Salinas

3.d. State CA 3.e. ZIP Code 93901

3.f. Province

3.g. Postal Code

3.h. Country USA

4. Daytime Telephone Number 4085648051

5. Fax Number 4085648052

6. E-Mail Address (if any) info@bhatnagarlawoffice.com

7. Mobile Telephone Number (if any)

Part 2. Notice of Appearance as Attorney or
Accredited Representative

This appearance relates to immigration matters before
(Select only one box):

1.a. ☒ USCIS

1.b. List the form numbers

G-639

2.a. ☐ ICE

2.b. List the specific matter in which appearance is entered

3.a. ☐ CBP

3.b. List the specific matter in which appearance is entered

I enter my appearance as attorney or accredited representative at
the request of:

4. Select only one box:

☒ Applicant ☐ Petitioner ☐ Requestor

☐ Respondent (ICE, CBP)

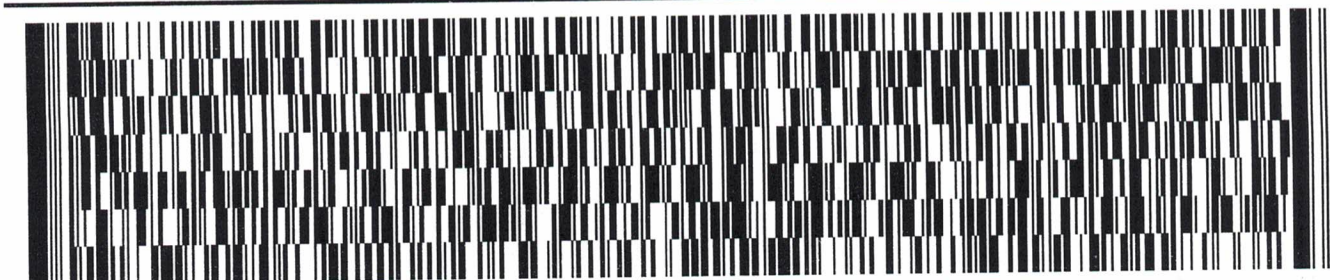
Information About Applicant, Petitioner,
Requestor, or Respondent

5.a. Family Name (Last Name) DIAZ ROBLES

5.b. Given Name (First Name) Javier

5.c. Middle Name

6. Name of Company or Organization (if applicable)



Part 2. Notice of Appearance as Attorney or Accredited Representative *(continued)*

Information About Applicant, Petitioner, Requestor, or Respondent *(continued)*

7. USCIS ELIS Account Number *(if any)*

▶

8. Alien Registration Number (A-Number) or Receipt Number

9. Daytime Telephone Number

4085648051

10. Mobile Telephone Number *(if any)*

11. E-Mail Address *(if any)*

info@bhatnagarlawoffice.com

Mailing Address of Applicant, Petitioner, Requestor, or Respondent

NOTE: Provide the mailing address of the applicant, petitioner, requestor, or respondent. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application, petition, or request being filed with this Form G-28.

12.a. Street Number and Name

12.b. Apt. ☐ Ste. ☒ Flr. ☐

12.c. City or Town

12.d. State 12.e. ZIP Code

12.f. Province

12.g. Postal Code

12.h. Country

Part 3. Eligibility Information for Attorney or Accredited Representative

Select **all** applicable items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. *(If you need additional space, use Part 6.)*

Licensing Authority

1.b. Bar Number *(if applicable)*

1.c. Name of Law Firm

1.d. I *(choose one)* ☐ am not ☐ am

subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. If you are subject to any orders, explain in the space below. *(If you need additional space, use Part 6.)*

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals, in accordance with 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.

2.b. Name of Recognized Organization

2.c. Date accreditation expires

(mm/dd/yyyy) ▶

Part 3. Eligibility Information for Attorney or Accredited Representative (continued)

3. ☐ I am associated with

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request.

NOTE: If you select this item, also complete **Item Numbers 1.a. - 1.b. or Item Numbers 2.a. - 2.c. in Part 3.** (whichever is appropriate).

- 4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2)(iv).

- 4.b. Name of Law Student or Law Graduate

Part 4. Applicant, Petitioner, Requestor, or Respondent Consent to Representation, Contact Information, and Signature

Consent to Representation and Release of Information

1. I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and DHS policy, I also consent to the disclosure to the named attorney or accredited representative of any record pertaining to me that appears in any system of records of USCIS, ICE or CBP.

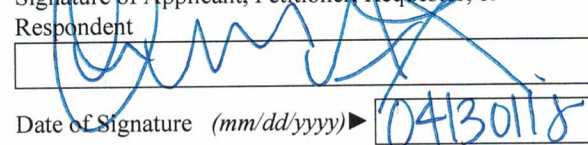
When you (the applicant, petitioner, requestor, or respondent) are represented, DHS will send notices to both you and your attorney or accredited representative either through mail or electronic delivery.

DHS will also send the Form I-94, Arrival Departure Record, to you **unless** you select **Item Number 2.a.** in **Part 4.** All secure identity documents and Travel Documents will be sent to you (the applicant, petitioner, requestor, or respondent) at your U.S. mailing address **unless** you ask us to send your secure identity documents to your attorney of record or accredited representative.

If you do not want to receive original notices or secure identity documents directly, but would rather have such notices and documents sent to your attorney of record or accredited representative, please select **all applicable** boxes below:

- 2.a. ☒ I request DHS send any notice (including Form I-94) on an application, petition, or request to the U.S. business address of my attorney of record or accredited representative as listed in this form. I understand that I may change this election at any future date through written notice to DHS.
- 2.b. ☒ I request that DHS send any secure identity document, such as a Permanent Resident Card, Employment Authorization Document, or Travel Document, that I am approved to receive and authorized to possess, to the U.S. business address of my attorney of record or accredited representative as listed in this form or to a designated military or diplomatic address for pickup in a foreign country (if permitted). I consent to having my secure identity document sent to my attorney of record or accredited representative's U.S. business address and understand that I may request, at any future date and through written notice to DHS, that DHS send any secure identity document to me directly.

- 3.a. Signature of Applicant, Petitioner, Requestor, or Respondent

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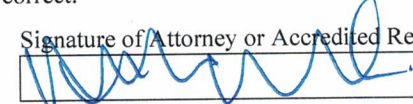
- 3.b. Date of Signature (mm/dd/yyyy) ▶

04/30/18

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

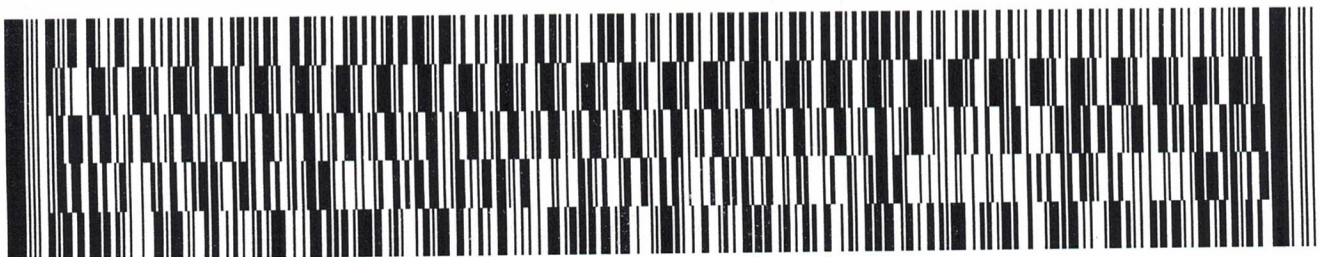
1. Signature of Attorney or Accredited Representative



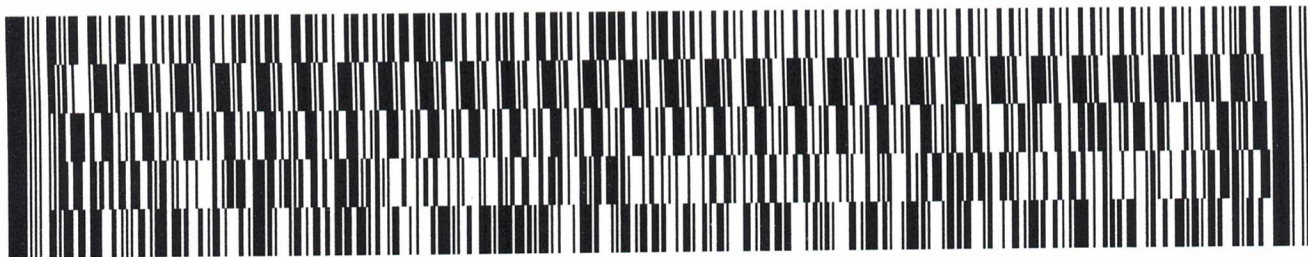
2. Signature of Law Student or Law Graduate

3. Date of Signature (mm/dd/yyyy) ▶

04/30/18



Use the space provided below to provide additional information pertaining to **Part 3., Item Numbers 1.a. - 1.d.** or to provide your U.S. business address for purposes of receiving secure identity documents for your client (if your client has consented to your receipt of such documents under **Part 4.**)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



Freedom of Information/Privacy Act Request

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form G-639
OMB No. 1615-0102
Expires 04/30/2020

NOTE: Use of this form is optional. USCIS accepts any written request, regardless of format, provided that the request complies with the applicable requirements under the FOIA and the Privacy Act.

► **START HERE - Type or print in black ink.**

Part 1. Type of Request

Select **only one** box.

NOTE: If you are filing this request on behalf of another individual, respond as it would apply to that individual.

- 1.a. ☒ Freedom of Information Act (FOIA)/Privacy Act (PA)
1.b. ☐ Amendment of Record (PA only)

Part 2. Requestor Information

1. Are you the Subject of Record for this request?
☒ Yes ☐ No

If you answered "No" to **Item Number 1.**, provide the information requested in **Part 2.** If you answered "Yes" to **Item Number 1.**, skip to **Part 3.**

Requestor's Full Name

- 2.a. Family Name (Last Name) Bhatnagar
2.b. Given Name (First Name) Nikhil
2.c. Middle Name

Requestor's Mailing Address

- 3.a. In Care Of Name (if any) Law Offices of Nikhil Bhatnagar
3.b. Street Number and Name 216 Capitol St
3.c. ☐ Apt. ☒ Ste. ☐ Flr. 6
3.d. City or Town Salinas
3.e. State CA 3.f. ZIP Code 93901
3.g. Province
3.h. Postal Code
3.i. Country USA

Requestor's Contact Information

4. Requestor's Daytime Telephone Number 408 544 8051
5. Requestor's Mobile Telephone Number (if any)
6. Requestor's Email Address (if any)

Requestor's Certification

By my signature, I consent to pay all costs incurred for search, duplication, and review of documents up to **\$25.** (See Form G-639 Instructions for more information.)

- 7.a. Requestor's Signature [Signature]
7.b. Date of Signature (mm/dd/yyyy) 04/30/18

Part 3. Description of Records Requested

NOTE: While you are not required to respond to every item in **Part 3.**, failure to provide complete and specific information may delay processing of your request or create an inability for U.S. Citizenship and Immigration Services (USCIS) to locate the records or information requested.

1. **Purpose (Optional):** You are not required to state the purpose of your request. However, providing this information may assist USCIS in locating the records needed to respond to your request.)

all records

Full Name of the Subject of Record

- 2.a. Family Name (Last Name) Diaz Robles
2.b. Given Name (First Name) Javier
2.c. Middle Name

Part 3. Description of Records Requested
(continued)

Other Names Used by the Subject of Record (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 5. Additional Information.**

- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name

Full Name of the Subject of Record at Time of Entry into the United States

- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name

Other Information About the Subject of Record

5. Form I-94 Number Arrival-Departure Record
▶
6. Alien Registration Number (A-Number) (if any)
▶ A-
7. USCIS Online Account Number (if any)
▶
8. Application, Petition, or Request Receipt Number
▶

Information About Family Members that May Appear on Requested Records

For example, provide the requested information about a spouse or children. If you need extra space to complete this section, use the space provided in **Part 5. Additional Information.**

Family Member 1

- 9.a. Family Name (Last Name)
- 9.b. Given Name (First Name)
- 9.c. Middle Name
10. Relationship

Family Member 2

- 11.a. Family Name (Last Name)
- 11.b. Given Name (First Name)
- 11.c. Middle Name
12. Relationship

Parents' Names for the Subject of Record

Father

- 13.a. Family Name (Last Name)
- 13.b. Given Name (First Name)
- 13.c. Middle Name

Mother

- 14.a. Family Name (Last Name)
- 14.b. Given Name (First Name)
- 14.c. Middle Name
- 14.d. Maiden Name (if applicable)

15. Description of Records Sought.

Provide a description of the records you are seeking. If you need additional space, use the space provided in **Part 5. Additional Information.**

Part 4. Verification of Identity and Subject of Record Consent

NOTE: Complete all applicable **Item Numbers**. In addition, the Subject of Record **MUST** sign **Part 4.** of this request.

Full Name of the Subject of Record

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

Part 4. Verification of Identity and Subject of Record Consent (continued)

Mailing Address for the Subject of Record

- 2.a. In Care Of Name (if any) Nikhil Bhattachar
- 2.b. Street Number and Name 210 Capitol St
- 2.c. ☐ Apt. ☒ Ste. ☐ Flr. 6
- 2.d. City or Town Salinas
- 2.e. State CA 2.f. ZIP Code 93901
- 2.g. Province
- 2.h. Postal Code
- 2.i. Country USA

Other Information for the Subject of Record

3. Date of Birth (mm/dd/yyyy) 8/25/1969
4. Country of Birth Mexico

Contact Information for the Subject of Record

Providing this information is **optional**.

5. Daytime Telephone Number 408 544 8051
6. Mobile Telephone Number (if any)
7. Email Address (if any)

Signature and Notarized Affidavit or Declaration of the Subject of Record

Select **only one** box.

NOTE: The Subject of Record **MUST** provide a signature in **Item Number 8.a. Notarized Affidavit of Identity OR Item Number 8.b. Declaration Under Penalty of Perjury**. If the Subject of Record is deceased, read **Item Number 8.c. Deceased Subject of Record** and attach proof of death.

8.a. ☐ Notarized Affidavit of Identity

(Do **NOT** sign and date below until the notary public provides instructions to you.)

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in **Part 2**. I also consent to pay all costs incurred for search, duplication, and review of documents up to **\$25** (if filing this request for myself).

Signature of Subject of Record

Date of Signature (mm/dd/yyyy)

Subscribed and sworn to before me on this _____

day of _____ in the year _____.

Daytime Telephone Number _____

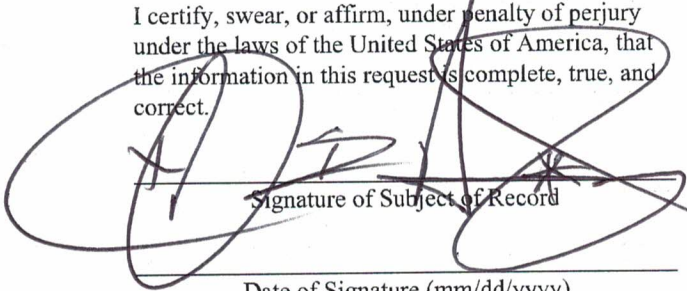
Signature of Notary

My Commission Expires on (mm/dd/yyyy)

8.b. ☐ Declaration Under Penalty of Perjury

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in **Part 2**. I also consent to pay all costs incurred for search, duplication, and review of documents up to **\$25** (if filing this request for myself).

I certify, swear, or affirm, under penalty of perjury under the laws of the United States of America, that the information in this request is complete, true, and correct.



Signature of Subject of Record

Date of Signature (mm/dd/yyyy)

8.c. Deceased Subject of Record

(NOTE: You **MUST** attach an obituary, death certificate, or other proof of death.)

Part 5. Additional Information

If you need extra space to provide any additional information within this request, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with your request or attach a separate sheet of paper. Type or print the name of the Subject of Record and his or her A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which the information refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Alien Registration Number (A-Number) (if any)

▶ A-

3.a. Page Number

3.b. Part Number

3.c. Item Number

3.d.

4.a. Page Number

4.b. Part Number

4.c. Item Number

4.d.

5.a. Page Number

5.b. Part Number

5.c. Item Number

5.d.

6.a. Page Number

6.b. Part Number

6.c. Item Number

6.d.
